

<b>POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM</b>	<b>Application Number</b>		10/521,607-Conf. #4039	
	<b>Filing Date</b>		July 11, 2003	
	<b>First Named Inventor</b>		Magalie Genet	
	<b>Title</b>		METHOD AND EQUIPMENT FOR FIBER OPTIC HIGH-RESOLUTION, IN PARTICULAR CONFOCAL, FLUORESCENCE IMAGING	
	<b>Art Unit</b>		3768	
	<b>Examiner Name</b>		L. N. Laryea	
	<b>Attorney Docket No.</b>		17452/002001	

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number: 22511

OR

☐ Practitioner(s) named below:

Name	Registration Number	Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

<input type="checkbox"/> Firm or Individual Name	MAUNA KEA TECHNOLOGIES
--	------------------------

Address	9 rue d'Enghien		
City	PARIS	State	
Country	France	Zip	75010
	Telephone	+33148241128	Email
			francois@maunakeatech.com

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)*

**SIGNATURE of Applicant or Assignee of Record**

Signature	Date
Alexandre LOISEAU	September 16 <sup>th</sup> , 2008
Name	Telephone
C.E.O, Mauna Kea Technologies	+33148240621

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 2 forms are submitted.